2 CAN100

State of Nevada

Harvey J. Murfayel	State Assemble	Dista
Candidate's Name(print)	Office	District (if applicable)
809 Sunny Place		702-646-4265
Mailing Address (include city and zip code)		Telephone Number
DEDODT MIIMD	ED 1 DITE OCTOD	TD 21 2000

REPORT NUMBER 2 - DUE OCTOBER 31, 2000

Report Period **Begins:** August 24, 2000 Report Period **Ends:** October 25, 2000

CONTRIBUTIONS SUMMARY

1. From Report Number 1, total amount of contributions in excess of \$100	3500,00
2. From Report Number 1, total amount of contributions of \$100 or less	100.00
3. Report Number 2, amount of contributions in excess of \$100	1600.00
4. Report Number 2, total amount of contributions of \$100 or less	200,00
From Report Numbers 1 and 2, actual number of	
contributions of \$100 or less	
5. Interest and income earned, if any, during this report period	<u> </u>
6. TOTAL AMOUNT OF ALL CONTRIBUTIONS	5900.00
(add lines 1 through 5)	3 460,00

EXPENSES SUMMARY

7. From Report Number 1, total amount of expenses in excess of \$100	2100.00
8. From Report Number 1, total amount of expenses of \$100 or less	100,00
9. Report Number 2, total amount of expenses in excess of \$100	360D.00
10. Report Number 2, total amount of expenses of \$100 or less	100.0D
11. TOTAL AMOUNT OF ALL EXPENSES	
(add lines 7 through 10)	5400,00
	<u> </u>

If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.

, , , , , , , , , , , , , , , , , , , ,	•
I declare under penalty of perjury that the fo	pregoing is true and correct. 10, 11, 15 9 16 10
Executed on 10-29-00	Harry Unful
Date	Signature of Candidate
Prescribed by Secretary of State NRS 294A.120, 294A.200	,/
EL201.002(rev. 04/00)	Total number of pages for this report